# Template: Proposal for an Africa RISING R4D Scaling Partnership

## Mainstreaming Nutrition and Gender in SI

## Background and Justification

Improving nutrition, particularly for pregnant and lactating women and children under 5 years, is a crucial strategy to help countries achieve the Millennium Development Goals (MDGs). Despite recent progress, many Sub Saharan African (SSA) countries – including Ethiopia - continue to struggle with ensuring adequate nutrition for women and children, particularly in rural areas. An estimated one in eleven Ethiopian children die before their fifth birthday, and 57% of these deaths are due to malnutrition. According to the 2014 Ethiopia Mini Demographic and Health Survey, 40.1% of children under five are stunted and 25.3% are underweight. In Africa Rising intervention sites nutrition and gender gaps from various baseline studies include:

* low nutrition status among children under five
* limited household and child diet diversity, limited crop and livestock diversification farm systems
* limited availability and access to nutritious foods, particularly animal source foods
* lack of technical capacity in nutrition within government extension systems
* inadequate nutrition knowledge and awareness, inadequate consumption and care feeding practices
* limited opportunities in nutrition sensitive value chains
* limited post -harvest technologies, increased post -harvest losses, soil management/fertility issues, aflatoxin contamination and food safety concerns,
* Low gender capacity among partners
* Women’s low access to and control of productive resources including extension, land technologies, labour and inputs

Undernourished mothers face increased mortality and morbidity risks during pregnancy and childbirth. Children of undernourished mothers face greater challenges in life, both physically and cognitively. Malnutrition holds people back from achieving their full potential, which not only impacts individuals and their families, but also has consequences on whole communities and national development. It is therefore critical to improve nutrition status and food security in order to reduce child mortality and improve overall human nutrition, health, and well-being.

Nutrition education, social behaviour change strategies and gender capacity development has the potential to address nutrition and gender gaps.

## Benefits

*What benefits are anticipated from the widespread uptake of these innovations?*

Improved food security, nutrition and diet diversity (potentially boosting markets)

* Improved knowledge, skills and attitudes in nutrition and gender among extension, farmers
* Increased women’s empowerment
* Improved gender relations
* Increased access and control of productive resources and incomes

## Research Questions

*Specify the research questions that will backstop the partnership. It is accepted that these might evolve over the lifespan of the partnership.*

1. To what extent will nutrition education and gender capacity development improve nutrition (diet diversity and nutrition knowledge) and gender relations?
2. To what extent can advocacy and sensitization at the policy level influence nutrition and gender outcomes
3. *How does gender inequity affect technological scaling and how do technological interventions affect gender relations*

## Development Partnerships

*List the partners who will be active, describe the contribution that they will make and how Africa RISING will support / backstop this with the research proposed. Also consider the comparative advantage offered by your partnerships. Make sure that you carefully consider roles and responsibilities of all partners.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Partners | Contribution | Comparative advantage | Role and responsibilities | Africa Rising support |
| Ethiopian Pubic Health Institute | Produce training materials | Technical knowledge and experience | Advisory /technical backstopping |  |
| MOANR,  Bureau of Agriculture  Bureau of Health | Provide access to agriculture/health extension system (nutrition experts) | Existing extension system | Mobilizing communities  Organise nutrition training , advocacy, sensitization and demonstrations | Collaborate with extension system  Technical backstopping and support |
| Bureau of education | Provide nutrition education through mini media | Available resources | Advocacy |  |
| Ethiopia Agricultural Transformation Agency | Gender resource persons  Nutrition | Capacity to influence government | Technical backstopping |  |
| Send a cow | Gender resource persons | Technical expertise is gender transformative approaches | Technical back stopping |  |
| National Agriculture Research Canters (NARS) | Human resource person (gender focal person) |  |  |  |
| Extension | Human capital |  |  |  |
| Bureau of women, youth and children | Human capital | Gender technical expertise |  |  |
| REST GRAD | Nutrition and gender experts, community facilitators | Knowledge, promotion materials | Coordinate demonstration/education and gender development. Facilitate community dialogue on nutrition and gender |  |
| CARE Ethiopia | Nutrition and Gender provide expertise, tested methodologies and material | Available resources and expertise | Provide technical backstopping and advisory |  |
| Universities | Nutrition and gender focal person | Technical experstise | Research support |  |

## Impact Pathway

*Ensure that the contribution to FtF goals (e.g. improved food security, better health and nutrition, inclusive agriculture sector growth) are stated*

|  |  |  |  |
| --- | --- | --- | --- |
| Activities | Outputs | Outcomes | Impacts |
| Training of Trainers on nutrition and gender | Training manuals  No. of training events | change in knowledge and practices | Improved nutrition |
| Demonstrations/field days | Field day report/videos | Improved nutrition knowledge and dietary practices | Improved nutrition and health |
| Nutrition campaign (role model) | Reports/videos | Improved nutrition knowledge and dietary practices |  |
| Transformative household methodology | Manual | Improved gender relations (division of labor) | Improved access to and control of resources by women |
| Disseminate nutrition and gender promotion and advocacy material(posters, brochures) | Materials | Changes in behaviours and attitudes |  |
| Gender capacity development | Briefs , reports | Improved gender integration | Change in KASP |
| Gender and nutrition analysis | Report |  |  |
| Monitoring and evaluation of nutrition indicators and women empowerment and gender parity | Evidence brief /publication |  |  |
|  |  |  |  |
|  |  |  |  |

## Targets / Zone of Influence (will be determined by no of households reached by other interventions)

*How many potential beneficiaries are out there:*

*How many do you hope to materially impact on*

*Where are they:*

## Arrangements Required for Monitoring and Evaluation

*How will you generate and present the evidence that your partnership has been successful?*

* *Evidence would be generated through quantitative and qualitative surveys, data collection templates (Household nutrition surveys, gender analysis tools, focus group discussions.*
* *Evidence would be presented using evidence briefs, policy briefs, summary findings, case studies,*

## Communications and Knowledge Management / Transfer

*What arrangements will you put in place to communicate your activities and their benefits?*

*Meetings*

*Workshops*

*Exchange visits*

*Seminars during monthly meetings*

*What knowledge specific products and activities will you need to implement to support this.*

* evidence briefs, policy briefs,
* blog
* yammer posts